

~~PLEASE WRITE PLAINLY, WITH UNFADING INK.~~ Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore No. 100

03699

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County Charles

City or town Hughesville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Joseph Brown

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Colored

Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Jan 6 1922

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

24

3

1

hrs. min.

9. Birthplace

Charles Co. MD

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

Farming

12. Name

Randolph Brown

13. Birthplace

St Marys Co.

14. Maiden name

Mary Eileen Woodland

15. Birthplace

St Marys Co MD

16. Informant

John W. Boarmay

Address

Hughesville MD

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Apr 10 1946  
(month) (day) (year)

Cemetery or crematory St Marys

Location Hughesville Bryntown Md

18. Funeral director

Elmer M Quade

Address

Hughesville MD

19. 4-8

(Date rec'd by registrar)

19. 46

(Date)

Julian H Parry

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Charles

City or town Hughesville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

213-22-0370

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 7<sup>th</sup> 1946 at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased — on

and that I ~~saw him die on~~ April 7, 1946 at 10:19 AM

Immediate cause of death

Hemorrhage

DURATION

Minutes

Due to Gunshot wound of neck

Due to Homicide

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 4-7-46

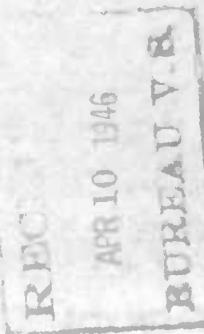
Where did injury occur? Hughesville, Charles (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Shotgun Injured at work? No Deputy Medical Examiner

23. SIGNATURE James F. Mackenbach, M.D. M. D. or other

Address 3 Plate Rd Date signed 4-8-46



M  
C  
  
T  
VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

03700

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County.....

Charles

City or town.....

La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital institution, or street address where death occurred:

Physicians Memorial Hospital

How long in hospital or Institution?

## 3. (a) FULL NAME

Caulby

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

S.

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

4-7-46

6.(c) If alive, give age..... years

## 8. AGE:

Years      Months      Days      If less than one day  
              |          |          |          7          hrs.          min.

9. Birthplace.....

La Plata, Charles Md.

(Town, county, and state)

10. Usual occupation.....

## 11. Industry or business

MOTHER FATHER

Edgar Caulby

Charles Co., Md.

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial.....

(Burial, cremation, or removal, which?)

Date thereof..... (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar)

Baptist Cemetery

Wayside, Md.

Brent &amp; Ryan

Walney, Md.

Julian H. Pacey  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

4-7-46, at 8<sup>23</sup> M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-7-46, to 4-7-46, 1946, 1946, 1946, 1946,

and that I last saw him alive on 4-7-46, 1946, 1946, 1946,

Immediate cause of death.....

Atelectasis

Due to..... Prematurity

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

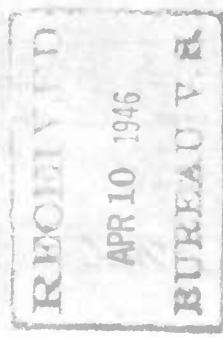
Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Date signed 4-8-46



~~M~~  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH  
of deceased is shown on

2411 N. Charles St., Baltimore 96

FILM No. 104 MAY 10 1946

CERTIFICATE OF DEATH

03701

105

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M W

Married

6. (b) Name of husband or wife

Marie Gardiner

7. Birth date of deceased (mo., day, yr.)

May 17, 1879

6. (c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
56	67	11	11

hrs. min.

9. Birthplace

Chas. co.

(Town, county, and state)

10. Usual occupation

Retired Groceries Salesman

11. Industry or business

12. Name

Thomas L. Gardiner

13. Birthplace

Chas. co. Md.

14. Maiden name

Fannie Mudd

15. Birthplace

Chas. co. Md.

16. Informant

George L. Gardiner Jr.

Address

La Plata, Md.

17. Burial

Date thereof 5/1/46

(Burial, cremation, or removal which?)

Cemetery or crematory

St. Mary's

Location

Bryantown, Md.

18. Funeral director

Hurst & Ryan

Address

Meadow, Md.

19. 4-30

46 M & Monroe B

(Date rec'd by registrar)

Registrat

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Charles

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION 46

20. DATE OF DEATH 4 - 28 19 46 at 11 50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 19 19 45 to 4 - 28 19 46

and that I last saw h. i. t. alive on 4 - 28 - 46 19

Immediate cause of death

Congestive heart failure

DURATION

12-10-45

Due to Hypertension heart disease 9-19-45

Due to

Other conditions

Aortic aneurysm

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

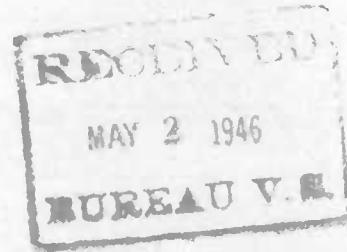
23. SIGNATURE

B. Redden 11

M. D. or other

Address

La Plata, Md. Date signed 4-29-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

03702

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County.....

Charles

City or town.....

La Plata

(If outside city or town limits, write RURAL and give nearest town)

2 1/2 hrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

Physicians Memorial Hospital

2 1/2 hrs.

How long in hospital or institution?

## 3. (a) FULL NAME

Frances Lee Goldsmith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Wilfred A. Goldsmith

7. Birth date of deceased (mo., day, yr.)

June 3, 1927

6. (c) If alive, give age

22

years

8. AGE:

Years

Months

Days

If less than one day

18 10

14

hrs.

min.

9. Birthplace

Bellair, Kentucky

(Town, county, and state)

10. Usual occupation

House

11. Industry or business

own home

MOTHER FATHER

12. Name

William A. Collett

13. Birthplace

Goldsboro, N.C.

14. Maiden name

Claudia M. Guner

15. Birthplace

Va.

16. Informant

Wilfred A. Goldsmith

Address

Bel Air, Md.

17. Burial

Date thereof 4-19-46

(month) (day) (year)

(Burial, cremation, or removal. Which?)

St. Ignatius

Cemetery or crematory

Bel Air, Md.

Location

Hunt &amp; Ryan

18. Funeral director

Waldorf Md.

Address

Julian H. Pacey

19. Date rec'd by registrar

19 46

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Charles

City or town.....

Bel Air

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946, at 10:19 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 P.M.

April 17, 1946, to

19

and that I last saw him alive on

April 17,

1946.

Immediate cause of death.

Lacerated wound of uterus

DURATION

3 hrs.

Due to Accidental shooting

3 hrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Same as above.

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Accident

Date of 4-17-46

Where did injury occur?

Bel Air

County Charles

Md.

(State)

Injured at home, farm, industry, public place (where?)

None

Means of Injury Shotgun

Injured at work? No

Dip. Med. Examiner

23. SIGNATURE James J. MacKearagh, M.D.

M. D. or other

Address

La Plata, Md.

Date signed 4-17-46



## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Charles 952  
Village or City Assume

Registration Dist. No. 037032

No. \_\_\_\_\_ St., \_\_\_\_\_ Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Joyce

(a) Residence: No. \_\_\_\_\_

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE B5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married5a. If married, widowed, or divorced  
HUSBAND or  
(or) WIFE of Mary A. Joyce

6. DATE OF BIRTH (month, day, and year)

7. AGE 75 Years      Months 1      Days 23      If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)13. NAME John Joyce14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME Jessie C Cook16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Mary A. Joyce  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date 4-8-46, 194619. UNDERTAKER  
(Address)20. FILED 4-7-46

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

4-7-46  
(Month)      (day)      (Year)

22. I HEREBY CERTIFY, That I attended deceased from

4-1-46 to 4-7-46, 1946I last saw him alive on 4-6-46, 1946 death is saidto have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart  
incompacting

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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(I)

## Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5-520

03704

105

## CERTIFICATE OF DEATH

Reg. Dist. No.

FILE No. 104 MAY 10 1946

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Alexious Middleton

Middleton

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife.....

Mary

7. Birth date of deceased (mo., day, yr.)

April - 18 - 1866

6. (c) If alive, give age..... years

8. AGE: Years

79

Months

80

11

Days

11

If less than one day

hrs. .... min.

9. Birthplace.....

Maldon Chas Co Md

(Town, county, and state)

Farmer

10. Usual occupation.....

## 11. Industry or business

William J Middleton

Chas Co Md

12. Name.....

Mary E. Eyes

Chas Co Md

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial.....

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar)

Date thereof.....

(month) (day) (year)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Charles

City or town.....

Maldon Chas Co Md

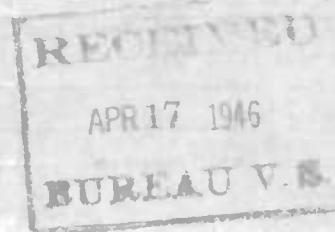
Street No.....

(If outside city or town limits, write RURAL and give nearest town)

2. (a) If veteran, name war.....

(If rural, give LOCATION)

(If rural, give LOCATION



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1703

03705

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County..... Charles  
 City or town..... La Plata  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45'

Hospital, institution, or street address where death occurred:

Physicians Memorial Hospital

How long in hospital or institution? 45 min.

## 3. (a) FULL NAME

Arthur Raley

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

6.(b) Name of husband or wife..... James Raley

6.(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) March 16 1894

8. AGE: Years 52 Months — Days 16 If less than one day hrs. min.

9. Birthplace..... St. Mary's Co.

(Town, county, and state)

10. Usual occupation..... Farmer

## 11. Industry or business

12. Name..... James Raley

13. Birthplace..... St. Mary's Co. Md

14. Maiden name.....

15. Birthplace.....

16. Informant..... William E. Raley

Address

Charlotte Hall

17. Burial..... Date thereof..... 4-3-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Trinity

Location..... New Marlboro

18. Funeral director..... Ethel McFadye

Address..... Hedgesville, Md.

19. 4-2 1946  
 (Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... St. Mary's

City or town..... Charlotte Hall  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

7

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 1, 1946, at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1946, to April 1, 1946,

and that I last saw him on April 1, 1946.

## Immediate cause of death.....

Post ruptured bladder  
and shock

Due to..... Fractured pelvis

Due to..... Automobile accident

## Other conditions.....

(Include pregnancy within 8 months of death)

## Major findings or operations.....

Date of op.....

## Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

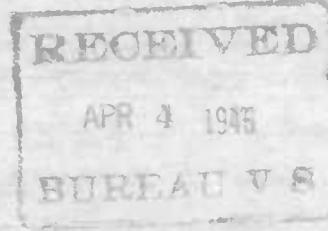
Accident, suicide, or homicide..... Accident Date of..... 4-1-46

Where did injury occur? New Market P.O., Charles, Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State Rd. # C (Md)

Means of injury..... Struck by auto Injured at work? No  
 Dep. Med. Examiner23. SIGNATURE..... James L. Mackaway, M.D.  
 M. D. or other

Address..... La Plata, Md. Date signed..... 4-1-46



1946  
✓  
18 4 4

7th ring mount

41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

03706

## CERTIFICATE OF DEATH

Reg. Dist. No. 101

## 1. PLACE OF DEATH:

County..... Charles

City or town..... Indian Head

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5.0 min.

Hospital, Institution, or street address where death occurred:

U.S.N. Dispensary, U.S.N. Powder Factory

How long in hospital or institution?

## 3. (a) FULL NAME

Albert Joseph Risson

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

white

Single

6.(b) Name of husband or wife

6.(c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) Sept 25 - 19248. AGE: Years Months Days If less than one day  
about 21 . . . . . hrs. . . . . min.

9. Birthplace..... Marlbury Md.

(Town, county, and state)

10. Usual occupation..... Laborer

## 11. Industry or business

12. Name..... Alvin E. Risson

13. Birthplace..... Charles Co. Md.

14. Maiden name..... Martha E. Bowie

15. Birthplace..... Princetown

16. Informant..... Mary M. Risson

Address..... 101 N. Carroll St. Rockville  
Burial..... Date thereof..... 4-16-46

(Burial, cremation, or removal, Which?) Cemetery or crematory..... St. Ignatius

Location..... Hilltop Md.

18. Funeral director..... J. F. Smith &amp; Sons

Address..... Waldorf Md.

19. Date rec'd by registrar..... 4/15 1946  
(Date rec'd by registrar) Mary Sutherland  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Charles

City or town..... Marlbury  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 13, 1946, at 8:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13, 1946, to April 13, 1946,

and that I did saw him alive on April 13, 1946.

Immediate cause of death..... Fractured skull

Due to..... Automobile accident

Due to.....

Other conditions..... Long fract left leg, fractured maxilla & skull  
(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

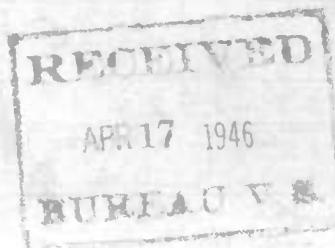
Accident, suicide, or homicide..... Accident Date of 4-13-46

Where did injury occur?..... Bryars Rd., Charles, Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... State Rd. 244

Means of injury..... Auto collision Injured at work? No  
Deputy Medical Examiner23. SIGNATURE..... James L. MacKennaugh, M.D.  
(M. D. or other)

Address..... La Plata, Md. Date signed..... 4-13-46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

13707

Reg. Dist. No. 100

1. PLACE OF DEATH: Benedict Charles  
County.....

City or town..... Benedict  
(If outside city or town limits, write RURAL and give nearest town)

How long to above place of death? 30 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME  
Elizabeth Alice Springfield

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Widow
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6. (b) Name of husband or wife Johnie Springfield

7. Birth date of deceased (mo., day, yr.) March 19 1866

8. AGE: Years 80	Months 0	Days 21	If less than one day hrs. .... min.
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9. Birthplace St. Mary's Co.  
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

12. Name William Bond

13. Birthplace St. Mary's Co., Md

14. Maiden name Ann Hazel

15. Birthplace St. Mary's Co. Md

16. Informant Mrs. Charlie Higgs  
Address Benedict, Md

17. Burial Burial Date thereof 4-11-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's Cemetery

Location Bryantown, Md

18. Funeral director Elmer M. Quade  
Address Hughesville, Md.

19. 4-10 1946  
(Date rec'd by registrar) *Julia L. Pacey*  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Charles

City or town Benedict  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war none

3. (b) Social Security Number none

## MEDICAL CERTIFICATION

2d. DATE OF DEATH April 9 1946 3. A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1946 to April 9 1946 and that I last saw her alive on April 9 1946.

Immediate cause of death

*Anemia Pecten*

DURATION unknown

Due to arteriosclerotic cardio-vascular disease

Due to

Other conditions Senility unknown

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Louis C. Gareis MD.* M. D. or other

Address Hughesville, Md. Date signed 4-19-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

03768/05  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Charles  
 City or town..... Waldorf  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Laura Stewart

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Female	Negro	Married		
6.(b) Name of husband or wife..... Richard Stewart				
7. Birth date of deceased (mo., day, yr.)..... 1859				
6.(c) If alive, give age..... years				
8. AGE: Years Months Days If less than one day				
87 hrs. min.				
9. Birthplace..... Chas Co Md (Town, county, and state)				
10. Usual occupation..... House work				
11. Industry or business..... Alfred Grace				
12. Name.....				
13. Birthplace..... Chas Co Md				
14. Maiden name..... Sophia P				
15. Birthplace..... Chas Co Md				
16. Informant..... Richard J. Stewart				
Address..... Waldorf Md				
17. Burial (Burial, cremation, or removal, Which?)..... Cremation Date thereof..... 4-18-46				
Cemetery or crematory..... St Peters				
Location..... Waldorf Md				
18. Funeral director..... Harold & Lynn				
Address..... Waldorf Md				
19. Date rec'd by registrar..... 4-16-46				

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Charles  
 City or town..... Waldorf  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2d. DATE OF DEATH..... April 15, 1946 at 7<sup>30</sup>-8<sup>00</sup> P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from on April 16, 1946, to April 16, 1946, and that I saw her on April 16, 1946.

Immediate cause of death.....

Chronic myocarditis

Due to..... Generalized arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

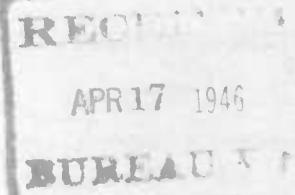
Means of Injury.....

Injured at work?.....

23. SIGNATURE..... Dr. Med. Examiner

John L. Mackay, M.D. M. D. or other

Address..... Baltimore, Md. Date signed 4-16-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

03709

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County

Charles

City or town

La Plata, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Annie Swann

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife

Thomas J. Swann

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.)

3-1-1875

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

Charles, Md.

10. Usual occupation

Surf.

11. Industry or business

William Murphy

MOTHER FATHER

12. Name

Mary Duffy

Charles, Md.

13. Birthplace

Charles, Md.

14. Maiden name

Mary Duffy

Charles, Md.

15. Birthplace

Charles, Md.

16. Informant

Bernard J. Murphy

Address

Marbury, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

4-3-46

Cemetery or crematory

St. Charles

Location

Indian Head, Md.

Hurst &amp; Ryan

18. Funeral director

Wadey

Md.

Address

Julia H. Peery

Registrar

19. 4-2

Date rec'd by registrar

1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Charles

City or town

La Plata, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

4-1

1946

at

12:55

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-8

1940

to

4-1

1946

and that I last saw h.c.r. alive on

4-1

1946

Immediate cause of death

Congestive Heart Failure

DURATION

78-40

Due to

Hypertensive Heart Disease

Duration

existed

Due to

Disease

2-8-40

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Julia H. Peery

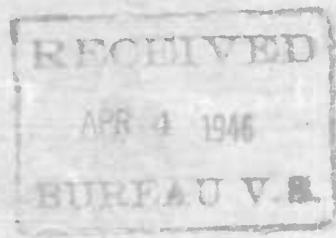
M. D. or other

Address

La Plata, Md.

Date signed

4-1-46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13710

## CERTIFICATE OF DEATH

Reg. Dist. No. 100

## 1. PLACE OF DEATH:

County.....

Charles Co.

City or town.....

La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Physicians' Funeral Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Carrie Wood

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Col. Married

6. (b) Name of husband or wife.....

Frank Wood

7. Birth date of deceased (mo., day, yr.)

April 1, 1905

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

41 0 0 hrs. min.

9. Birthplace.....

Charles Co., Md.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

MOTHER FATHER

12. Name.....

Dominie Woodland

13. Birthplace

Charles Co., Md

14. Maiden name.....

Olivia

15. Birthplace

/

16. Informant.....

Frantz Wood

Address

La Plata, Md

17. Burial.....

Date thereof.....

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

St Joseph

Location.....

La Plata, Md

18. Funeral director.....

Health &amp; Know

Address

Waldorf, Md

19. 4-2

19 46

Julia H. Paetz

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Md. Charles

City or town.....

La Plata

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

4-1-

1946 at 3 32 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-16

1945, to 4-1 1946

and that I last saw her alive on 4-1 1946

Immediate cause of death.....

Congestive Heart Failure 11-1-45

Due to.....

Hypertension Heart Disease 7

Due to.....

Nephritis

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE

P. Gedelen 11-1  
La Plata, Md. Date signed 4-7-46

M. D. or other

Address.....

Date signed 4-7-46

